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## BIB DATA SHEET

CONFIRMATION NO. 9700

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                         | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.    |
|---|---|-------------------------------|---|---------------------------|
| 10/599,488  | 09/29/2006  | 514                           | 1617  | X16949M                   |
| <b>RULE</b>   |   |                               |   |                           |
| <b>APPLICANTS</b><br>Cynthia Darshini Jesudason, Indianapolis, IN;<br>Grant Mathews Vaught, Indianapolis, IN;<br>William J Hornback, Fishers, IN;   |   |                               |   |                           |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US05/10240 03/25/2005<br>which claims benefit of 60/558,542 04/01/2004<br>and claims benefit of 60/617,101 10/08/2004   |   |                               |   |                           |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                           |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/31/2007  |   |                               |   |                           |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/PAUL E ZAREK/</u><br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br><u>Initials</u>   | <b>STATE OR COUNTRY</b><br>IN | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>14 |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                               |   |                           |
| <b>ADDRESS</b><br>ELI LILLY & COMPANY<br>PATENT DIVISION<br>P.O. BOX 6288<br>INDIANAPOLIS, IN 46206-6288<br>UNITED STATES   |   |                               |   |                           |
| <b>TITLE</b><br>HISTAMINE H3 RECEPTOR AGENTS, PREPARATION AND THERAPEUTIC USES  |   |                               |   |                           |
| <b>FILING FEE RECEIVED</b><br>1400  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |